

venously has been found to be effective in lowering the serum calcium without producing soft tissue calcification. Orally a phosphate powder preparation (Hyper-Phos®) provides 100 mg of phosphorus per capsule. Initially ten capsules and later up to 30 capsules are given daily to control the level of serum calcium.

PHILIP CORR, M.D.

REFERENCES

- Massry SG, Mueller E, Silverman AG, et al: Inorganic phosphate treatment of hypercalcemia. *Arch Inter Med* 121:307-312, 1968
 Goldsmith RS, Ingbar SH: Inorganic phosphate treatment of hypercalcemia of diverse etiologies. *New Eng J Med* 274:1-7, 1966

Disaccharidase Deficiency: A Clinical Reality

Recognition of intestinal disaccharidase deficiency (particularly lactase) as a cause of symptoms in the newborn has long been accepted as a clinical entity. Acceptance as a syndrome in the adult has, at best, been recognized for only a decade. It occurs in 5 to 20 percent of Caucasians and 60 to 90 percent of non-Caucasians. It would appear mandatory that clinicians study those patients with clearly defined symptoms (diarrhea, abdominal distension, flatulence, abdominal colic) of unproven cause for disaccharidase deficiency. Recent studies show that patients with acute enteric diseases of known cause may show persistence of disaccharidase deficiency long after the cause of the primary disease has been eliminated. Disaccharidase deficiency should be considered in patients with (1) psychophysiologic gastrointestinal disease, (2) those with persistence of an "irritable bowel syndrome" after an acute intestinal upset of known cause, and, (3) patients with postoperative "dumping syndrome." Bayless and co-workers have outlined workable criteria for establishment of the diagnosis of lactase deficiency in the adult.

ROBERT J. BOLT, M.D.

REFERENCES

- Gray GM, Walter WM Jr, Colver EH: Persistent deficiency of intestinal lactase in apparently cured tropical sprue. *Gastroent* 54:552-558, 1968
 Bayless TM, Rosensweig NS, Christopher N, et al: Milk intolerance and lactose tolerance tests. *Gastroent* 54:475-477, 1968

The Clinical Use of Medium Chain Triglycerides

Although medium chain length triglycerides (MCT) have certain characteristics which offer potential therapeutic benefit, the therapeutic utility of MCT has been somewhat less than might have been anticipated from knowledge of physiological behavior. The most encouraging reports have come from the use of MCT in patients with chylous ascites, chyluria, or chylothorax. MCT have also been used in treatment of malabsorption syndromes of various causes with some beneficial effect on severity of diarrhea and steatorrhea. However, isocaloric substitution of MCT for long chain triglycerides has rarely led to weight gain, and the use of MCT in patients with malabsorption should probably be limited to clinical situations in which effective conventional therapy has either failed or does not exist. MCT should probably not be used in patients with active inflammatory bowel disease or hepatic encephalopathy.

GERALD REAVEN, M.D.

REFERENCE

- Greenberger NJ, Skillman TG: Medium chain triglycerides. *New Eng J Med* 280:1045-1058, 1969

Indications for Pacemakers In Cardiac Disease

Artificial pacemakers may be indicated in a number of diseases which result in bradycardia. As a general rule the bradycardia should be accompanied by symptoms, either Adams-Stokes attacks or congestive heart failure. The following are included in this category: second and third degree atrioventricular block, first degree atrioventricular block with bundle branch block, sinoatrial block and sinus arrest. On rare occasions unresponsive tachycardia may be controlled by an artificial pacemaker.

MICHAEL BILITCH, M.D.

REFERENCES

- Bilitch M, Lau FYK, Cosby RS: Recent advances in artificial pacemakers. *Calif Med* 107:164-170, 1967
 Pomerantz B, O'Rourke RA: The Stokes-Adams syndrome. *Amer J Med* 46:941-960, 1969